

MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

### COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

## ANNUAL FINANCIAL REPORT FOR 20 04

(California Government Code Section 12599)



Failure to file annual financial report by January 30<sup>th</sup> annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: (916) 323-5079

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

<b>Name and Address of Commercial Fundraiser:</b>  105  <b>DAWSON &amp; ASSOCIATES</b> PO BOX 1424 LOS GATOS, CA 95031	<b>Name and Address of Charitable Organization:</b>  CT No. <u>113542</u> F.E.I.N. No. _____ <b>Association for Police &amp; Sheriffs,</b>  Name of charity <u>121 N. State College Blvd.</u> Address of charity <u>Anaheim, CA 92806</u> City, State, and ZIP code of charity
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Figures from (check one): National Campaign  California Campaign

Fundraiser for Family Services held (on) (from) Sept 1, 20 04 to Dec 31, 20 2004  
 (Type of activity) (Date or dates must be shown)

Is the contract between the commercial fundraiser and charity based upon a fee or percentage of revenue? Fee  Percentage  Other

If other, provide brief explanation \_\_\_\_\_

<b>1. REVENUE</b>			
A. Cash contributions	<u>25,467</u>	A.	
B. Entertainment sales or admission charges	_____	B.	
C. Sales from products	_____	C.	
D. Advertisement sales	_____	D.	
E. Membership fees	_____	E.	
F. Other sources: (Specify)			
a. _____	_____	Fa.	
b. _____	_____	Fb.	
c. _____	_____	Fc.	
d. _____	_____	Fd.	
G. TOTAL REVENUE			<u>25467</u> G.
<b>2. EXPENSES</b>			
A. Fees or commissions	<u>11,338</u>	A.	
B. Salaries	<u>3,000</u>	B.	
C. Payroll taxes	<u>806</u>	C.	
D. <del>Employee benefits</del> Office Supplies	_____	D.	
E. <del>Cost of merchandise for resale</del> Office Expense	<u>268</u>	E.	
F. <del>Cost of entertainment</del> Utilities	<u>231</u>	F.	
G. Postage	<u>425</u>	G.	
H. Advertising	_____	H.	
I. Telephone	<u>1,501</u>	I.	
J. Rental of equipment	_____	J.	
K. Facilities charge Contract Service	<u>2,546</u>	K.	
L. Permits - License	_____	L.	
M. Other expenses: (Specify)			
a. <u>Printing</u>	<u>256</u>	Ma.	
b. <u>Rental of office</u>	<u>2,050</u>	Mb.	
c. <u>Insurance Liab/Work Comp</u>	<u>415</u>	Mc.	
d. <u>Bank ser - Payroll prep.</u>	<u>84</u>	Md.	
N. TOTAL EXPENSES			<u>22,920</u> N.

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3. Amount to charity (subtract line 2N from line 1G) 2,547 3.
4. Less additional fundraising expenses paid by charity including fee paid to commercial fundraiser (to be completed by charity) \_\_\_\_\_ 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) \_\_\_\_\_ 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 2,547 6.
7. (a) Does any officer, director, partner or owner of the commercial fundraiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the commercial fundraiser has contracted to solicit?  
 Yes  No If "yes" complete the following:

Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

(b) For each affiliation identified in 7(a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

**Dawson & Associates**  
**P.O. Box 1424**  
**Los Gatos, CA 95031**

*KELLIE HOUSTON*

*OWNER*

*1-08-05*

Signature of authorized officer (commercial fundraiser)

Printed name

Title

Date

This report must be signed by ~~two~~ officers or directors of the charitable organization for verification.

*LLOYD JONES*

*PRESIDENT*

*1-12-05*

Signature of authorized officer/director (charity)

Printed name

Title

Date

*CALVIN BUTLER*

*Secretary*

*1-12-05*

Signature of authorized officer/director (charity)

Printed name

Title

Date

**RECEIVED**

**APR 27 2005**

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JAN 6 2005

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